

471-000-517 Nebraska Medicaid Practitioner Fee Schedule For Physical Therapy and Occupational Therapy Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 3-000.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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**Rates effective July 1, 2016**

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL				\$36.90	\$15.38
00092610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION		MEDICAL REVIEW REQUIRED		\$71.75	\$44.19
00092611		MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING				\$71.75	
00097001		PHYSICAL THERAPY EVALUATION			X	\$65.60	
00097002		PHYSICAL THERAPY RE-EVALUATION			X	\$40.88	
00097003		OCCUPATIONAL THERAPY EVALUATION			X	\$65.60	
00097004		OCCUPATIONAL THERAPY RE-EVALUATION			X	\$44.28	

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00097005		ATHLETIC TRAINING EVALUATION - NON COVERED MEDICAID SERVICE		NOT COVERED			
00097006		ATHLETIC TRAINING RE-EVALUATION - NON COVERED MEDICAID SERVICE		NOT COVERED			
00097012		PHYSICAL MEDICINE TREATMENT, TRACTION, MECHANICAL				\$15.61	
00097014		PHYSICAL MEDICINE TREATMENT ELECTRICAL STIMULATION (UNATTENDED)				\$14.35	
00097016		PHYSICAL MEDICINE TREATMENT, VASOPNEUMATIC DEVICES				\$18.45	
00097018		PHYSICAL MEDICINE TREATMENT, PARAFFIN BATH				\$10.31	
00097022		PHYSICAL MEDICINE TREATMENT WHIRLPOOL				\$18.45	
00097024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)				\$5.99	

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00097026		PHYSICAL MEDICINE TREATMENT INFRARED				\$5.65	
00097028		PHYSICAL MEDICINE TREATMENT ULTRAVIOLET				\$7.05	
00097032		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$18.45	
00097033		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$20.50	
00097034		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$16.40	

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00097035		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MIN.(PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$12.48	
00097036		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES (PRICING ENTERED 7-25-95 WITH 4-1-95 EFFECTIVE DATE)				\$22.55	
00097039		UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE) REQUIRES DESCRIPTION		REQUIRES DOCUMENTATION		\$8.61	

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00097110		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MIN; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH, ENDURANCE & FLEXIBILITY				\$20.50	
00097112		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES				\$20.50	
00097113		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY W/THERAPEUTIC EXERCISES				\$18.45	
00097116		GAIT TRAINING (INCLUDES STAIR CLIMBING)				\$16.40	

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00097124		THERAPEUTIC PROCEDURE, MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION) 15 MINUTES				\$22.55	
00097139		THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC PROCEDURE, SPECIFY, REQUIRES DESCRIPTION		REQUIRES DOCUMENTATION		\$11.48	
00097140		MANUAL THERAPY TECHNIQUES (EG. MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRG, MANUAL TRACTION)1 OR MORE REGIONS, EA 15 MINUTES				\$24.60	
00097150		THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)				\$17.08	

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00097530		THERAPEUTIC ACTIVITIES, DIRECT (1 ON 1) PATIENT CONTACT BY PROVIDER (USE OF DYNAMIC ACT. TO IMP. FUNCT. PERF.) EACH 15 MIN. (DESC/TIME CH. 8-19-96)				\$20.50	
00097532		DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, PROVIDER, EACH 15 MINUTES				\$26.24	
00097533		SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE CONTACT BY THE PROVIDER, EACH 15 MINUTES		NOT COVERED			
00097535		SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND CONTACT BY PROVIDER, EACH 15 MINUTES		NOT COVERED			

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00097537		COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIF		NOT COVERED			
00097542		WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES				\$29.93	
00097545		WORK HARDENING/CONDITIONING; INITIAL 2 HOURS NON COVERED SERVICE		NOT COVERED			
00097546		WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR NON COVERED SERVICE		NOT COVERED			

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00097597		DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE; PER SESSION, TOTAL WOUND SURFACE AREA; FIRST ON SQ CM OR LESS				\$45.51	\$22.66
00097598		DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG				\$23.83	\$31.56
00097605		NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCT		REQUIRES DOCUMENTATION		\$20.50	\$15.04

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00097606		NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCT		REQUIRES DOCUMENTATION		\$22.55	\$16.91
00097750		PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG. MUSCULOSKELETAL, WITH WRITTEN REPORT, EACH 15 MINUTES.				\$32.06	
00097755		ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXISTING FUNCTION, OPTIMIZE FUNCTIONAL TASKS &/OR MAX ENV EACH 15 MIN.				\$20.50	

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00097760		ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT...EACH 15 MINUTES				\$10.25	
00097761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES				\$19.68	
00097762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES				\$12.30	
00097799		UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE		REQUIRES DOCUMENTATION			
00097810		ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15		NOT COVERED			

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00097811		ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH		NOT COVERED			
00097813		ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT		NOT COVERED			
00097814		ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE		NOT COVERED			

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